

PROVISIONAL APPLICATION FOR PATENT COVER SHEET
 This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

Docket Number	006338-017	Type a plus sign (+) inside this box
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INVENTOR(S)/APPLICANT(S)

Last Name	First Name	Middle Initial	Residence (City and either State or Foreign Country)
HARRIS	Robert	B.	Midlothian, Virginia
WOLZ	Russell	L.	Richmond, Virginia

TITLE OF THE INVENTION (280 characters max)

ADSORPTION AND REMOVAL OF ENDOTOXIN FROM PHYSIOLOGICAL FLUIDS USING CATIONIC HELIX PEPTIDES

CORRESPONDENCE ADDRESS

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21839

STATE	Virginia	ZIP CODE	22313-1404	COUNTRY	United States of America
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ENCLOSED APPLICATION PARTS (check all that apply)

<input checked="" type="checkbox"/> Specification	Number of Pages	21	<input checked="" type="checkbox"/> Drawing(s)	Number of Sheets	7
<input checked="" type="checkbox"/> Other (specify) 6 Claims; Abstract of the Disclosure					

METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (CHECK ONE)

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR § 1.27.	PROVISIONAL FILING FEE AMOUNT(S)	\$ <input checked="" type="checkbox"/> \$75.00 (214)
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the Provisional filing fees.		\$ <input type="checkbox"/> \$150.00 (114)
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiency in filing fees or credit any overpayment to Deposit Account Number 02-4800. This paper is submitted in duplicate.		

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

☒ No.
☐ Yes, the name of the U.S. Government agency and the Government contract number are:

Respectfully submitted,

SIGNATURE Malcolm K. McGowan
 TYPED or PRINTED NAME Malcolm K. McGowan, Ph.D.

Date February 14, 2001

Registration No. 39,300
 (if appropriate)

☒ Additional inventors are being named on separately numbered sheets attached hereto

ADDITIONAL INVENTOR(S)/APPLICANT(S)			
Last Name	First Name	Middle Initial	Residence (City and either State or Foreign Country)
WOLZ	Gabriella		Richmond, Virginia